

Montana Medicaid – Fee Schedule

Speech Therapy

September 1, 2011

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 47% of billed charges. (Physician administered drugs will be priced by NDC if no rate is present.)

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$27.55.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid allied health conversion factor x policy adjustor. Allied health conversion factor for fiscal year 2012 is \$23.24

***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Policy Adjust - F = Family Planning M = Maternity

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Policy Adjust
					Office	Facility					Assist	CoSurg	Team	
92506		SPEECH/HEARING EVALUATION	9/1/2011	RBRVS	\$114.20	\$114.20								
92507		SPEECH/HEARING THERAPY	9/1/2011	RBRVS	\$56.05	\$56.05								
92508		SPEECH/HEARING THERAPY	9/1/2011	RBRVS	\$18.34	\$18.34								
92526		ORAL FUNCTION THERAPY	9/1/2011	RBRVS	\$64.19	\$64.19								
92597		ORAL SPEECH DEVICE EVAL	9/1/2011	RBRVS	\$66.75	\$66.75								
92605		EVAL FOR NONSPEECH DEVICE RX	7/1/2008	RBRVS	\$0.00	\$0.00								
92606		NON-SPEECH DEVICE SERVICE	9/1/2011	RBRVS	\$0.00	\$0.00								
92607		EX FOR SPEECH DEVICE RX 1HR	9/1/2011	RBRVS	\$120.36	\$120.36								
92608		EX FOR SPEECH DEVICE RX ADDL	9/1/2011	RBRVS	\$35.67	\$35.67	ZZZ							
92609		USE OF SPEECH DEVICE SERVICE	9/1/2011	RBRVS	\$79.06	\$79.06								
92610		EVALUATE SWALLOWING FUNCTION	9/1/2011	RBRVS	\$71.63	\$47.22								
92611		MOTION FLUOROSCOPY/SWALLOW	9/1/2011	RBRVS	\$77.41	\$77.41								
96105		ASSESSMENT OF APHASIA	9/1/2011	RBRVS	\$72.86	\$72.86								
96125		COGNITIVE TEST BY HC PRO	9/1/2011	RBRVS	\$63.96	\$63.96								
97532		COGNITIVE SKILLS DEVELOPMENT	9/1/2011	RBRVS	\$17.17	\$17.17								
97533		SENSORY INTEGRATION	9/1/2011	RBRVS	\$18.80	\$18.80								